11250

IREDELL COUNTY HEALTH DEPARTMENT 4625-90-5268

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Concordia Const. DATE 8/8/90 PERMIT NO. 2C-2-A:19

PHONE: Business _____ Home _____

LOCATION 1100 TL 1101 (Yacht Rd) TL into Yacht Cove ~1/8 mi on left

S. R. No. _____

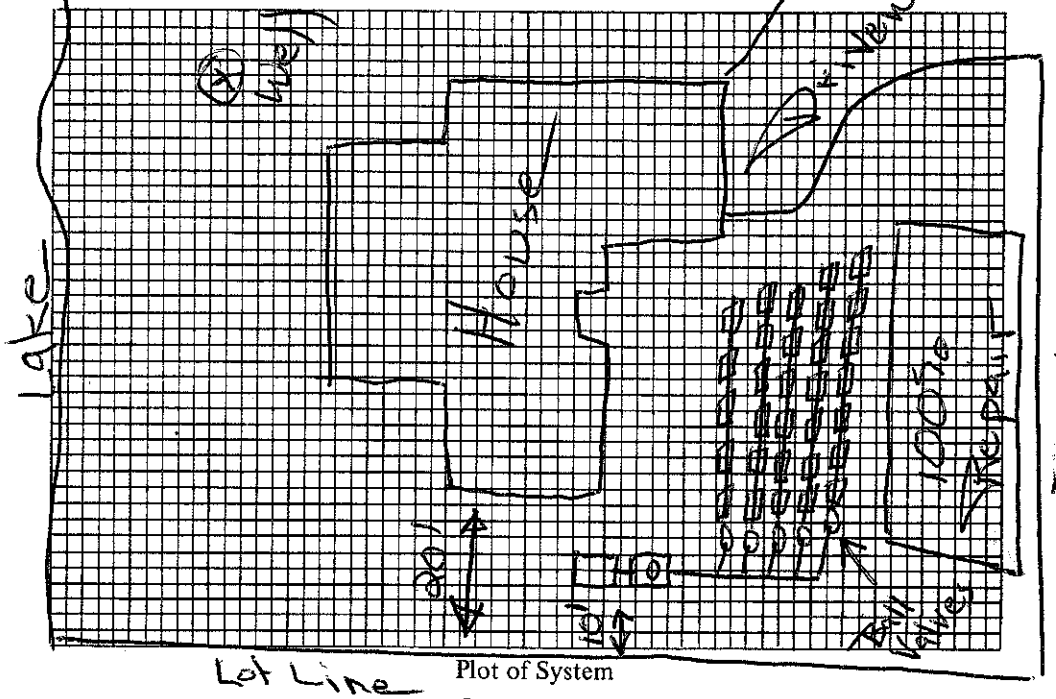
SUBDIVISION NAME Yacht Cove LOT NO. 19 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	PS clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	~.3
Auto. Dishwasher	Yes (✓)	No ( )		Topography	~6%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	4'+
Site ~~Suitable~~ PS	Yes (✓)	No ( )		~~Rock or other impervious formations~~	none obs.

~~Lot Area~~ 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



1000 PT

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"

Water Supply: Individual (✓) T+J
Public ( ) Panels

Installed by Rowan Septic

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

Operation

CERTIFICATE ~~OF COMPLETION~~ BY Sam Ingram / DR Henson / EHS DATE 8/2/90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold